

Thomas (J. G.)

8vo 1/-

Annual Address by the
President

The Gynecology of the Future,
and its Relations to Surgery

BY

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NEW YORK



REPRINT FROM VOLUME IV.

Gynecological Transactions
1880

Phila



ANNUAL ADDRESS BY THE PRESIDENT.

THE GYNECOLOGY OF THE FUTURE AND ITS RELATIONS TO SURGERY.

BY T. GAILLARD THOMAS, M. D.,

New York.

Gentlemen, Fellows of the American Gynecological Society,—

The advent of another meeting of our association again brings us together in pleasant reunion, and calls upon your President for a few words of welcome.

This is the fourth occasion upon which we have thus met, and what more could the most sanguine well-wisher of our society desire than that this anniversary should be attended by the same unity of purpose, the same harmony of intercourse, and the same efficiency of labor which has characterized its predecessors. We are yet young in years, but it is not too much to assert that the American Gynecological Society is already cemented by bonds of union which will grow with its growth, strengthen with its strength, and secure to it a future of usefulness and honor.

No one who has not felt the influence of such societies as this, the rallying grounds of professional guilds, the lists of scientific rivalry, can appreciate their importance in bringing into friendly relations the votaries of a calling scattered in different parts of a broad land.

As the last century has seen the breaking down of national prejudices through the instrumentality of the railroad and the telegraph, so does the present age accomplish the obliteration of personal hostilities and the exchange of dis-



trust for confidence and friendship by reunions such as that in which we now take part. Interchange of thought by writing and by printing is cold, unemotional, and bereft of the warming influences of direct association. Personal contact, the magnetism emanating from the friendly glance and the warm shake of the hand, can alone wipe out the petty jealousies and animosities which would otherwise creep into the frail, imperfect mind of man. Long, then, may such associations last; greatly may their numbers increase, and may our own prove not the least worthy and efficient among them.

How rare is it for a society such as ours to meet without having the lesson taught its members that "in the midst of life we are in death!" How rarely does a twelve-month elapse without seeing one of them called away from earthly toils! We are to-day called upon to mourn the loss of a distinguished Honorary Fellow, Dr. M. B. Wright, who has ended a life of usefulness and industry at the ripe age of seventy-five. An able teacher, an original thinker, a conscientious and successful practitioner, our colleague was one of those who could afford to die! In his loss we mourn no unfinished career, "cut untimely off;" no unfulfilled hopes; no unrealized prospects. The sun of his life has gracefully declined to a resplendent setting, and in the beauty and the symmetry of its course has left us nothing for which to grieve, save the loss of the society of the man himself.

Before proceeding further let me, gentlemen, stop to offer you my sincerest thanks, my most cordial acknowledgments for the honor which your kindness conferred upon me at our last meeting. Not one among your number had less right to expect so great a distinction; not one could have been more surprised by its reception. Let me assure you that the good feeling which dictated your choice is fully appreciated, and believe me that no effort on my part shall be wanting to fulfill thoroughly the duties which you have allotted to me.

And now a few words of general consideration in reference to the department to which we are especially devoting

ourselves. You will remember that obstetrics as a science took its birth only a century ago ; you well know that gynecology as a special department is much younger still. Although both have fought the good fight and won for themselves positions of honor and trust among their sister sciences, it behooves those who wish them well still to strive for their advancement, still to work for their progress towards whatever of perfection is attainable by them.

Let me point out some of the chief influences which I think retard our progress, and suggest such remedies as strike me as appropriate and feasible. When the general, the ophthalmological, the aural, or the orthopedic surgeon assumes a position, he justifies it by frequent clinical demonstrations to his colleagues ; the matter is fought over and fought out at the bedside, and a common ground is readily attainable. But in both obstetrics and gynecology this is much less easily arrived at. The exposure necessary for demonstration is repulsive to patients ; examination by more than a very small number at any one sitting difficult ; and except in hospital practice demonstration to colleagues of special views and operations is generally impossible. The future may work a change in all this, and the bold move of White, of Buffalo, in reference to clinical midwifery may yet excite general imitation ; but I write of the past and of the present ; I do not deal with the future. The result of this state of things is the creeping into our literature of a spirit of dogmatism which weakens us and gives strength to our opponents. Thoughtful men in all departments of science have ever recognized dogmatism as the livery worn by superficiality and undeveloped knowledge. Nothing has occurred to subvert the fact in reference to our special field. The chief danger of dogmatism lies not in its repulsiveness, for vices repulsive in themselves are by that fact emasculated, but from its seductiveness and fascination. What the philosopher regards as the end of his knowledge the dogmatist boldly asserts as the end of all knowledge, and the unwary are too often misled by his presumption. In a newly opened and lately explored field of science this spirit is to

be especially guarded against. It is that spirit, difficult of eradication from the difficulty of free demonstration alluded to, which creates so many pathological camps in our midst, nurtures so much discordance and diversity of opinion upon points in which all should agree, and gives to certain remedial measures such exaggerated prominence for short periods, letting them in time fall to their proper level and assume their just proportions. It would appear invidious here to point out the many glaring instances of the former which confront us to-day; a few of the latter I will allude to. Some twenty years ago we all remember, after Simpson had popularized sponge tents, how constantly they were employed for every conceivable ailment. That their promiscuous use did much harm for years who can doubt who knows the facts. This universal resort to them has now passed away, and experience has given them their proper position as most important aids to diagnosis and treatment which are attended at the same time with great advantages and decided dangers.

About the same time the operation of cervical section was prominently brought before the profession by Simpson and Sims. It was seized upon with enthusiasm, and performed so frequently in entirely inappropriate cases, that the prejudice resulting from this gross abuse seemed at one time likely to sweep it away. To-day it stands, after doing mischief for years, upon its proper basis, as a valuable surgical resource.

No one familiar with Emmet's operation for trachelorrhaphy can doubt the beneficent results of that excellent conservative procedure; and yet even that seems destined to do a certain amount of evil before it stands upon reasonable middle ground. Slight lacerations of the cervix uteri have been an inherent part of the natural process by which man comes into the world, ever since the sons of Eve were born, and probably will continue to be so until the last woman fulfils her painful function. Just at present a species of surgical corollary seems to threaten humanity in the stitching up of every cervix which goes through this painful

but necessary process! If men are still to be born into the world so commonly, and if every man of the future is to inflict upon her who bears him, of necessity, a surgical operation, then will a new field of industry have opened before the enraptured gaze of the "*jeunesse dorée*" of future surgery! Then will the song of England's humorous poet, "Stitch, stitch, stitch," apply to human flesh as well as to baser material. Permit me to illustrate this part of my subject by a story which has at least one rare merit, — it is true in every particular. A few months ago a patient called upon me with this history: suffering from sterility and dysmenorrhea, she had, some years ago, called upon one of the most eminent gynecologists of New York, and he had cut her cervix uteri widely open. She got no better, and consulted another equally eminent. He declared that the condition of the cervix resulting from section was the "*fons et origo mali*," and he closed the severed wall by suture. Still she got no better, but rather grew worse, and just before seeing me had called upon another practitioner to aid her in her dilemma. Now this gentleman was a firm friend of cervical section and a disbeliever in trachelorrhaphy; so he told her that her first adviser had been right, but had not cut far enough to remove all obstruction, and that the second had committed a blunder. This he proposed to correct by cutting the canal open again, and a little more thoroughly than had been done at first. I was appealed to as an umpire, and found myself, able greatly to aid her by urging abstinence from interference, powerless to do so by therapeutic or surgical process. I found both ovaries enlarged, tender, prolapsed into Douglas' pouch, and to my appreciation evidently causing ovarian dysmenorrhea and sterility. I discouraged her from further local treatment, counseled her to bear as well as she could ills which were difficult of relief, put her upon general treatment, and sent her to travel in Europe.

Now it is evident to the most careless listener that I do not criticise those who make proper use of these procedures, but I do censure those who adopt them or any others, laud

them in stentorian tones as cure-alls, and overcome the doubts of the inexperienced by exaggerated and dogmatic assumptions.

Once let there be generally established hospital facilities for demonstration and consultation, and such societies as that in which we now meet for a free comparison of views, and this evil must greatly diminish under the pruning-hook of mutual criticism and correction.

Another great need, not only in our department but in general medical literature, is the proper reviewing of books and pamphlets; the former of which are increasing largely in numbers, the latter of which "come as the leaves come when forests are shaken." No one who searches the medical periodicals of America will fail to find many reviews which for faithfulness, erudition, and fearless candor compare favorably with any which have appeared in other countries. But do not let us deceive ourselves into the flattering belief that such analyses are in accordance with the rule: they are really exceptions to it. Let us fearlessly recognize the fact that the reviewing of medical literature is in this country in a condition of deplorable fatuity. Positions are daily assumed by authors; priority to the discovery of old and well-known operations boldly claimed; and false and dangerous doctrines promulgated without words of protest, of dissent, or of denunciation from those who sit in judgment upon works which contain them. The ringing tones of just and honest criticism are rarely heard, and are too often replaced by suave and debonnaire generalities,—conscientious, exhaustive analyses, too often represented by rose-colored book notices. Throughout our land there are thousands of journal readers who look to such reviews as to proofs from holy writ; who believe in their sincerity, their thoroughness and wisdom, and who are guided by them with child-like simplicity.

To go into details is unnecessary here, but even without details I have said enough, I think, to render the large majority of my hearers willing to indorse the wish that this society would appoint a committee to consider whether some

wise plan might not be adopted by which bold, independent, and just men might be selected from our number who would dare to nail false coin to the counter, even if it emanated from the hands of a king ; to pronounce the true above suspicion of dross, even if it came from those of a slave.

We have among our number men who have already earned the right to be considered fearless, just, and able reviewers. Would it not be possible for a society, having upon its roll the names of Reeve, of Parvin, of Goodell, and of others such as they, to create a standing committee on reviews, which would as a body pronounce judgment upon the current literature of our department, and as a whole bear the responsibility of criticism so severe if necessary as to border on absolute denunciation? Such a bureau would be equally above suspicion of timidity, of partiality, and of prejudice, and its decision would render the conventional book notices of the present—too often the offspring as they are of personal bias of the most unworthy kind—as harmless for evil as they are powerless for good. Then would the cry, “Oh, that mine enemy had written a book,” find no echo in the professional mind ; then might the hard-worked, over-taxed practitioner turn with confidence to an honest, dread-naught verdict, emanating not from one mind but from several, for an opinion which would prove his guide to purchase and to study.

Should this be done by us we would very soon see our course indorsed and imitated by the ophthalmologists, the laryngologists, the neurologists, the dermatologists, and the representatives of other special departments, and we might look for the advent of the time when this judicial guillotine would strike terror into the hearts of those who strove for advertisement and notoriety, or for an outlet for malevolence and jealousy, by prostituting the medical press of our country.

There may be those among my hearers who will regard the assertion as based upon error, when I state that obstetric and gynecological surgery are still viewed with a mild and gradually diminishing hostility by the general surgeon. The

opinion is still, to a too considerable extent, prevalent that all of the operations in obstetrics and gynecology, not excepting that which requires so much of personal experience and observation, ovariectomy, can be as well performed by the general as by the special surgeon. It is true that in certain plastic operations for injuries to the bladder, vagina, and perineum, the general surgeon gracefully steps aside, but this is due to the difficulties attending success to one who has not by special study mastered these procedures.

I may, with great propriety, be asked for my proofs of this assertion. I point to the facts that so many of the hospital surgeons of our country are willing to-day to cast all the cases belonging to this department into the general surgical wards; that so many of our largest hospitals have attached to them no obstetric and gynecological surgeon, and that to reach these cases we are forced to establish hospitals especially for their treatment. It seems to me that the day has arrived when every large hospital throughout our country should have attached to its staff one or more surgeons whose duty it should be to afford to suffering woman the advantages accruing from the modern advances of these departments. Were this done in all our large hospitals, clinical fields for demonstration and instruction would thereby be generally established; the interests of the suffering women throughout our land would be subserved, and evidence would be afforded that the claims of obstetric and gynecological surgery were fully and cordially admitted.

And now, having spoken of generalities, I propose to occupy your attention more fully for a short time longer upon a limited portion of the subject matter upon which I have cursorily touched. The theme which I have selected for special consideration is, —

THE GYNECOLOGY OF THE FUTURE AND ITS RELATIONS TO SURGERY.

Until the year 1850 it may with justice be said that gynecological surgery had no existence. This assertion must not be taken literally, for since the days of Paré the sur-

geons of France strove, without ceasing, to establish surgical cures for injuries done by parturition to the sexual organs; and during the first half of the present century, much honest work was done by them and by the German and English schools; and the greatest of contributions to the department which the world ever saw emanated from our own land. But before the year which I have mentioned, all was uncertain as to principles; operations were confined to a few great centres, and even there they were performed in a desultory manner by only a few surgeons. During the decade which followed 1850, the subject burst, Minerva-like, upon the profession, and ever since that time has steadily advanced toward a perfect system. That period marked the most important era in gynecological surgery which it has ever known.

Now this sudden development was in accordance with a rule; it was not an exception to one. To quote the opening paragraph of the Centennial Report upon obstetrics and gynecology: "The progress of philosophy, theology, politics, and science, has never, in the history of the world, been marked by steady, monotonous, and gradual advancement. For long periods it has appeared to be so, but now and then, once in a century, perhaps, each of these departments has felt the impetus imparted to it by the influence of some rare and stupendous genius which in a brief period has effected more than years of patient toil had before accomplished. Some man, towering in intellect above his fellows, ordained by nature to lead into unexplored regions, and to dominate new fields of thought, has here and there made his appearance, and marked his epoch as an era. In more modern times philosophy has felt the influence of Bacon, theology that of Luther, science that of Newton, and politics that of Napoleon."

This statement applies as fully to medicine as to any other department of science; but there is another fact which must not be forgotten: it is that all the great advances in modern medicine, not only as an art but as a science, have been due to some physical agency which has brought theory

under the subordination of physical demonstration. Von Graefe was the Moses who led ophthalmic surgeons out of the land of darkness and out of the house of uncertainty; but Von Graefe would never have done so without the ophthalmoscope to act as a pillar of light to him. Rokitansky and Virchow have given a wonderful impulse directly to pathological anatomy, and indirectly to medicine at large; but without the modern microscope to sharpen their vision they would have stood to-day only abreast of the great Morgagni.

The surgical procedures of gynecology are all exquisitely painful, require great care, and consume a great deal of time. A young artist is said one day to have asked the painter Opie with what he mixed his colors; the great master gruffly replied, "With brains." Were I asked to-day upon what quality success in these operations depended more especially I would reply, "Upon patience." But patience was impossible to both physician and patient during an hour or two of acute mental and physical suffering by "the party of the second part," as our legal brethren would phrase it; and thus no great advance was ever made. In 1846 anesthesia was, by a benign Providence, given to man as if to lessen the weight of the primal curse, and at once, as if by magic, gynecological surgery sprang into renewed life.

Here was the physical agency; where was the world to look for genius to turn it to as good account as Von Graefe did the agent in ophthalmology and Rokitansky and Virchow that in pathological anatomy? Four men, endowed with the requisite qualities, simultaneously sprang up in lands far distant from each other, and without collusion worked out the destiny of the subject: Simpson in Scotland, Baker Brown in England, Marion Sims in America, and Gustav Simon in Germany. And now all over the world the disciples of these leaders worked with enthusiasm and vigor. Not only did humanity and science seem to be touched; the chivalry of man's nature seemed to be appealed to! It had suddenly become possible to relieve

woman — the sweetener of man's bitter cup in life, the sharer of his toils and sorrows, the goal of his tenderest desires — from suffering which she had endured since her first mother trod the soil of Eden!

Is it to be wondered at exceedingly that enthusiasts pushed the newly found power into inappropriate fields; that, "*nimia diligentia*," in it became a marked evil; and that the profession at large was shocked by an excessive tendency to resort to the knife in the diseases peculiar to woman?

However this may be, abuse of gynecological surgery soon created a prejudice in the minds of conservative men, which in our time still lives, although the day of its usefulness, for there was such a day, has well-nigh passed away except in individual cases.

But now, Fellows of the Gynecological Society, has not the time arrived when we must recall the fact that the pendulum swung too hard in one direction is sure to go in its return far in the opposite; when we must ask ourselves whether we should not boldly assert to the profession at large, that the surgery of obstetrics and gynecology stands to-day upon tenable, reasonable, middle ground; when we must maintain unflinchingly the fact that without it thousands of sufferers who are susceptible of complete relief must go on leading to the bitter end lives of sorrow and of pain? Are we willing still to tolerate the instruction of our young men to the effect that they must stand at the bedside of the parturient woman, and console her anguish and quiet their own misgivings by crooning over the platitude, "*meddlesome midwifery is bad!*" and as the mind wanders furtively to the rusty forceps at home, watch inanely while the seeds are sown which will ripen into septicemia, and sloughing of the genital tract?

As for me I fearlessly and fully state my firm convictions in the following propositions. For the want of relief which surgery alone can offer, many women in our enlightened times leave the lying-in-chamber with the certain prospect of having to pass lives of suffering, who might have

gone forth well ; many are for years submitted to annoying treatment for displacements, the cause of which surgery could immediately remove ; and many more are lengthily exposed to a variety of medical and minor surgical procedures for inflammatory ulcerations and kindred disorders who could be discharged cured within a month.

I assume the position that an enlightened, conservative surgery is the pivot around which is to revolve the gynecology of the future ; that he who is incapable of meeting the demand for this will, in the future, be, by that fact, incapacitated from rising to the required level ; and that a gynecologist of the future, without surgical attainments, will be as impossible as an ophthalmologist without them is to-day.

Were I at this moment urging the claims of surgery at the expense of those of constitutional treatment in gynecology, I would be flatly contradicting the teachings of a quarter of a century. Far from doing this, I am prepared to advocate the great importance of constitutional treatment, the claims of medical gynecology, in language every whit as strong, in terms fully as decided, as those employed in the eloquent and well-timed inaugural address of one of my predecessors in this office. There is no more clashing between medicine and surgery here than there is in the general field of the latter. They should work together for good, the one sustaining and supplementing the other, but never being substituted for it.

To illustrate, and to sustain my position, I will make reference to that large and important class of morbid conditions which arise from the process of parturition, and first to those which are due to laceration of the perineum. Laceration of this part in the process of parturition is not only the immediate cause of septicemia by absorption of putrid material from the lochial flow, and of sub-involution of the vagina ; it is one of the most prolific of all factors in the production of a great variety of chronic disease of the pelvic viscera. That cases will now and then present themselves in which immediate repair of this accident would be con-

trary to the dictates of good surgery and of common sense every obstetrician of experience must admit. But such cases constitute rare exceptions, which serve but to illustrate the rule to repair as soon as practicable an injury fraught with dangers both immediate and remote. To one who recognizes both the rule and its exceptions; to one whose mind is made up as to the evident necessity for immediate repair of an injury which is capable of so much evil, directly and indirectly, the position of those who hold different views seems irreconcilable with a just appreciation of the facts. Yet there are many who oppose immediate operation in theory, and many more who in practice habitually avoid a disagreeable issue by ignoring the accident entirely, unless the sphincter ani be involved. In other words, the powerful and efficient aid of surgery is uninvoked, the immediate risks of lymphangitis and septicemia, and the remote ones of chronic disorders of the pelvic viscera, are accepted, the patient being calmly intrusted to the "*vis medicatrix naturæ*." In my mind, all this is very wrong. I believe that this course, often the dictate of timidity and incompetency, has in the past prematurely tenanted many a grave, and unnecessarily filled many an invalid couch, which a conservative surgery would have kept empty.

When it shall become the duty of the obstetrician, as it surely soon will do under the influence of advancing knowledge, before relinquishing the care of the recently delivered woman, to inform himself thoroughly as to the existence of laceration of the cervix and perineum; when the false and vicious doctrine of underrating and ignoring these grave accidents is silenced forever; and when a neglect of their early repair by surgical resort shall be regarded as a flagrant obstetrical dereliction; then the number of women affected by pelvic disorders will become suddenly and wonderfully diminished. The time for this is now at hand; and the profession everywhere should raise its voice in a matter of preventive medicine as important as that relating to infectious diseases.

So, too, is the time at hand for the complete obliteration of a prevalent idea in the public mind, that the functions of the obstetrician ordinarily consist in watching by the parturient couch, receiving the coming child, and creating harmony and good feeling by well-turned compliments and blandness of manner. This popular idea has caused, and causes now, many a tender husband, who, were he about to select a coachman, would carefully inquire as to his capacity for an important trust, to confide his wife at the most delicate period of her existence to the hands of one notoriously incompetent. These are the practitioners who, day after day, year after year, send forth women with lacerated cervixes, and ununited perineums, to furnish to the gynecologist in the future cases of uterine engorgement, leucorrhea, prolapsus, and other displacements, cystitis, and a long list of pathological states, which will cling to them for life, sapping their usefulness, and destroying the happiness of their households. This may sound like strong language ; but let him who regards it as exaggerated carefully consider his conclusion, which, and not the premises here given, may be at fault.

From the early days of gynecology to our own times, women all over the civilized world have been treated for inflammatory ulceration of the cervix uteri, which was readily recognized by a red, inflamed, excessively secreting surface, contrasting markedly with the surrounding surfaces.

For this condition, the most active treatment by severe caustics was, and even to-day, in thousands of cases, is adopted, and prolonged for months and for years. Potassa fusa, mineral acids, the actual cautery, and other destructive agents, are still used for long periods in cases in which the operation of trachelorrhaphy would cure the sufferer within a month.

The causes of uterine displacements are various. Any influence increasing or rendering disproportionate uterine weight, diminishing uterine support, exerting pressure from above, or establishing traction from below, may produce them. Of all these, the last is probably the most frequent,

the tractile agent being most commonly the prolapsing vaginal walls, rectum, or bladder. The cause for these is very often destruction of the power of the perineal body. Many cases of uterine displacement undergoing palliative treatment for years by minor means are entirely and rapidly curable by perineorrhaphy.

Few disorders cause more wearing distress than prolapse of the bladder and rectum, with their accompanying visceral catarrhs and difficulty of excretion. Under the influence of supports, internally and externally, local use of astringents and great care on the part of the patient, those who suffer from them pass lives of diminished discomfort. In most of these cases, colporrhaphy or colpo-perineorrhaphy is capable of giving complete and permanent relief.

In malignant disease of the uterus, two courses may be pursued : first, to sustain the patient by the most generous diet, and by tonics, while loss of blood is, as far as possible, prevented by the use of astringents, and fetid discharges overcome by antiseptics ; second, to do all this with equal activity, and at the same time to destroy the malignant deposit as completely as possible, or remove it by amputation. In properly selected cases, — cases which have not advanced so far before being seen by the surgeon as to render interference useless, — the second of these plans adds many years in the aggregate to life ; and in individual cases renders existence far more tolerable, even if it fail, as it does as a very general rule, to check the progress of the disease for long periods.

It is only a short time since the practice was established of vigorously attacking sessile, sub-mucous, and partially interstitial uterine myo-fibromata by surgical means. Purely medical resources were pushed to their greatest capacity, and in a great many cases, which to-day are quite remediable, death ensued in spite of them. Even subserous tumors of colossal dimensions are now removed by laparotomy with the best results, and of late complete extirpation of the uterus has been repeatedly practiced with success in cancerous disease of that organ.

In cases in which purely medical and constitutional means have failed for years to relieve patients from menorrhagia and metrorrhagia, a single application of the wire curette for the removal of fungosities often effects complete recovery.

There is no operation in gynecology which is more delusive and disappointing than section of the cervix uteri for the relief of sterility and dysmenorrhea, and yet, in a large number of cases, the most satisfactory results follow its use. Indeed, in many instances deplorable consequences follow a neglect of it, and in some it holds out the only hope of relief.

I might without effort go on offering you examples of similar character, but it would be useless to do so. I have already cited a sufficient number to illustrate my meaning. Let me point out to you the fact that I allude to none of those conditions, such as vaginal fistulæ, ovarian tumors, polypi, etc., in which it has long been admitted that surgery and it alone can prove of any avail; but that I confine myself to those which are very commonly treated by medical or simply expectant methods, a resort to surgical procedure being thought to be unnecessary or even improper.

Year after year, as gynecology has advanced, conditions hitherto regarded as beyond the pale of surgery have come within its beneficent power; year after year, as it continues in the future to progress, it is safe to predict that new ones will be added to the list.

The wise man in our specialty will, even when a disorder hitherto unrelievable by surgery comes under its control, still cling to the aids he previously had, making two departments of the healing art subordinate to his service where one was so before; drawing his resources from two reservoirs of supply where formerly one alone existed.

It is a mischievous error to promulgate the idea that one must rely for his results in gynecology either upon medicine or upon surgery. As well might it be maintained that a tripod especially depends upon one element of its triune support. Medical and surgical gynecology are united by

the process which the mechanic calls dove-tailing. Their combination produces one result in treatment, as the stereoscope produces one in vision, as the electric current is established by the application of the negative and positive poles.

Mental philosophers declare that there is no virtue that has not its corresponding vice, which so nearly resembles it, so closely wears its guise, that it is constantly mistaken for it. Thus intense vanity simulates modesty and reserve ; a politic reticence, charity towards one's neighbor ; the ambition of a Brutus or a Napoleon III., the insouciance of a sluggard ; envy and jealousy, magnanimity and appreciation.

In medicine, there is a body which has lived by recruiting new members in succeeding ages, ever since our art was founded by the wise old man of Cos, and which lives with undiminished desires and ambition in our times. The peculiar function of this body is to decry every advance, to depreciate every effort at progress, and, under the fraudulent guise of conservatism, to smother every attempt at improvement by abuse and misrepresentation. Had its members met in the past with the success for which they strove, the name of Jenner would to-day have been a by-word and reproach ; no monumental pile would have commemorated the existence of the illustrious McDowell ; and the women of the nineteenth century would have bowed in silent suffering before the mandate, "In sorrow shalt thou bring forth children." They have failed ; but failure resulted not from want of effort on their part ; it was due to the benignity of an overruling God. Far be it from me to inveigh against or undervalue a wise conservatism. Without it the surgeon is like a mariner without a compass, a ship at sea without a rudder. It is not conservatism, but its "counterfeit presentment," which I denounce.

Let us not forget how these men have ever opposed the advance of surgery into medical fields, and how they have used the poor weapons of abuse and ridicule in striving after successful opposition. For centuries, all the drugs of

the pharmacopœia were exhausted in vain attempts to cure ovarian dropsy. All those suffering from that affection died. Surgery offered means of cure, and such men as these howled anathemas at the triumphant procedure.

Within the past two years, a gynecological surgeon was made the subject of severe criticism and condemnation because, after failure to give relief from anguish to a woman suffering from chronic cystitis, he effected the result by creation of a vesico-vaginal fistula. Yet, let any conscientious physician watch day after day and night after night the terrible agony of one of these poor women ; let him see the immediate relief, the blissful surcease from sorrow, given by that simple surgical procedure, and he will ask himself what could be the origin of such illogical opposition.

The sincerity of these men offers no more palliation for their course than that of the sincere religionists who burned at the stake those who opposed them. Lavoisier begged of a tribunal during the "Reign of Terror," not for life, but for a few weeks of life, in which to perfect for science certain discoveries which lay as yet unfinished in his master mind. No more sincere men ever lived, it seems to me, than Robespierre, Danton, and Marat. Shall we accord anything to their sincerity that they quenched these discoveries in the blood of the noble petitioner ?

Narrow-mindedness is a misfortune ; obstinate and per verse opposition to the truth, in the face of evidence, is a crime. The one commands our pity ; the other merits our unqualified condemnation. He who does not understand should be enlightened ; he who will not understand should suffer for his waywardness. The nineteenth century has no stomach for compromise with those who willfully obstruct her onward march in any field of science or of art.

As the advancing education of our century has said, "Peace, be still," to the religious fanaticism of the past ; so is it saying it in tones of increasing force to these medical cavilers. The truly conservative are now willing to listen to new proposals, to weigh new ideas in the balance,

and to return thanks for their suggestion, even if they prove impracticable. He who does otherwise to-day does not seriously damage that which he depreciates through prejudice, but succeeds only in attaching the stamp of Dogberry to himself.

As every step in our calling which in diagnosis or pathology subordinates theory to demonstration, constitutes a steady advance of medicine toward the position of an exact science, so does every one which puts a portion of its domain under the control of *χερὶ ἔργον*, "hand-work," "surgery," advance treatment from theory toward certainty. Shall we stand idle when every other department of medicine is making rapid advances by the recognition of this important truth? In the special departments evidence of such advance is too patent to require mention. Look into general medicine and read there the signs of the times. Pleuritic and pericardiac effusions are removed by tapping; poisons are taken from the stomach, urine from the bladder, air from the intestines, and serum from the brain by aspiration; cavities in the lungs are injected; abscesses of the liver opened; the pelvis of the kidney cut into for stone; the gall bladder invaded; nerves affected by neuralgia stretched and severed, all for the purpose of supplementing by surgical resources the short-comings of pure medicine.

Let us not then be discouraged by frowns of disapproval from those whose smiles of commendation should alone be dreaded. Recognizing and fully appreciating that the gynecological surgeons of our time are steadily advancing upon the road of progress; remembering that the measure of the violence of opposition in the past has been the degree of merit of the proposed improvement; and assured by the fact that those procedures which have been most abused now stand upon the safest foundations, let us strive without ceasing to bring more and more completely the pathology of our department under the dominion of our senses, the control of our hands.

[At the close of the address, Dr. WHITE, of Buffalo, offered the following resolution, which was unanimously adopted : —

MR. VICE-PRESIDENT, — I am sure that I give expression to the sentiments of every one present in moving that a vote of thanks be tendered to our President for the able, beautiful, and instructive address to which we have just listened. I could not, if I would, add anything to it in the way of argument. It is hardly necessary for me to remark that I feel a peculiar pleasure in having been one of the committee which nominated the gentleman who is so modest as to say that he did not deserve the honor.]



